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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	1-6-	 	(///	
O.I.P.E. CLASSIFIER	7-19	यव	6/22/0/	
FORMALITY REVIEW	10	120	100 100	
RESPONSE FORMALITY REVIEW		170U	08-14-01	

INDEX OF CLAIMS

~	Rejected	Ν	Non-elected
	Allowed		
	(Through numeral) Canceled		Appeai
÷	Restricted		Objected

				Objected	
Claim	Date	Claim	Date	Claim	Date
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18	▎▐ ▗ ▐	88	┈┼┈╏┈╏╸╏ ╶╏	115	
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18		68	╄╌┞┈┋╶┩╌ ╁╌┥	117	┦┩╏┦
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38	╶┨╴┠╶╂═╏ ╴╏	87		137	
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43	▝ ▘ ▍ ▐	93	┞╴┠═┫┈┋ ╶╂╌╇═┩┈╎	142	├─╽╌╽╌╽
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If more than 150 claims or 10 actions staple additional sheet here

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